

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	8-3-01
FORMALITY REVIEW	E.H.	715	9-24-01
RESPONSE FORMALITY REVIEW	HC ST AT	712 1021 1021	01-02-02 10/16/02 03/28/03

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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31010-01-000  
 09/01/0691

9132-24-01 1030 12/02 523  
 03/28/03